

**CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS
STATE OF LOUISIANA**

NO: 2016-08827

**DIVISION: F
GREEN, MARLON**

SECTION: 07

Versus

YATES, DANNY ET AL

CITATION - LONG ARM

TO: DANNY YATES

**THROUGH: THE LOUISIANA LONG ARM STATUTE FORT BRAGG FEDERAL CREDIT UNION,
MEMBER SERVICES
1638 SKIBO RD, FAYETTEVILLE, NC 28303**

YOU HAVE BEEN SUED:

You must either comply with the demand contained in the

PETITION TO STAY:LACK OF JURISDICTION IS NON-SENSE WITH AFFIDAVIT ATTACHED;

a certified copy of which accompanies this citation, or file an answer or other legal pleading in the office of the Clerk of this Court, Room 402, Civil Courts Building, 421 Loyola Avenue, New Orleans, LA, within thirty (30) days after the filing in the record of the affidavit of the individual attesting to the manner of delivery made through the "Long Arm Statute" under penalty of default.

ADDITIONAL INFORMATION

Legal assistance is advisable. If you want a lawyer and can't find one, you may call the New Orleans Lawyer Referral Service at 504-561-8828. This Referral Service operates in conjunction with the New Orleans Bar Association. If you qualify, you may be entitled to free legal assistance through Southeast Louisiana Legal Services (SLLS) at 877-521-6242 or 504-529-1000.

*****COURT PERSONNEL ARE NOT PERMITTED TO GIVE LEGAL ADVICE*****

IN WITNESS HEREOF, I have hereunto set my hand and affix the seal of the Civil District Court for the Parish of Orleans, State of LA December 22, 2016

**Clerk's Office, Room 402, Civil Courts
421 Loyola Avenue
New Orleans, LA**

**DALE N. ATKINS, Clerk of
The Civil District Court
for the Parish of Orleans
State of LA
by *Kenneth Bazile*
Kenneth Bazile, Deputy Clerk**

**SHERIFF'S RETURN
(for use of process servers only)**

PERSONAL SERVICE
On this _____ day of _____ served a copy of
the within
**PETITION TO STAY:LACK OF JURISDICTION IS NON-SENSE WITH
AFFIDAVIT ATTACHED;
ON DANNY YATES
THROUGH: THE LOUISIANA LONG ARM STATUTE FORT BRAGG
FEDERAL CREDIT UNION, MEMBER SERVICES**
Returned the same day
No. _____
Deputy Sheriff of _____
Mileage: \$ _____
/ ENTERED /
PAPER RETURN
/ /
SERIAL NO. DEPUTY PARISH

DOMICILIARY SERVICE
On this _____ day of _____ served a copy of
the within
**PETITION TO STAY:LACK OF JURISDICTION IS NON-SENSE WITH
AFFIDAVIT ATTACHED;
ON DANNY YATES
THROUGH: THE LOUISIANA LONG ARM STATUTE FORT BRAGG
FEDERAL CREDIT UNION, MEMBER SERVICES**
by leaving same at the dwelling house, or usual place of abode, in the hands of
a person of suitable age and
discretion residing therein as a member of the domiciliary establishment, whose
name and other facts connected with this service I learned by interrogating
HIM/HER the said DANNY YATES being absent from the domicile at time of
said service.
Returned the same day
No. _____
Deputy Sheriff of _____

ATTORNEY'S NAME: In Proper Person, 90001
AND ADDRESS:

**CIVIL DISTRICT COURT FOR THE PARISH OF ORLEANS
STATE OF LOUISIANA**

NO: 2016-11002

DIVISION: I
GREEN, MARLON

SECTION: 14

Versus

STATE FARM INSURANCE COMPANY ET AL

CITATION

TO: DEREK MOREL, STATE FARM ETAL
5555 BULLARD AVE. SUITE #104, NEW ORLEANS, LA 70128

YOU HAVE BEEN SUED:

You must either comply with the demand contained in the

Supplemental and/or Amending Petition (THIRD) w/ORIG. PETITION ATTACHED

a certified copy of which accompanies this citation, or file an answer or other legal pleading in the office of the Clerk of this Court, Room 402, Civil Courts Building, 421 Loyola Avenue, New Orleans, LA, within fifteen (15) days after the service hereof under penalty of default.

ADDITIONAL INFORMATION

Legal assistance is advisable. If you want a lawyer and can't find one, you may call the New Orleans Lawyer Referral Service at 504-561-8828. This Referral Service operates in conjunction with the New Orleans Bar Association. If you qualify, you may be entitled to free legal assistance through Southeast Louisiana Legal Services (SLLS) at 877-521-6242 or 504-529-1000.

*****COURT PERSONNEL ARE NOT PERMITTED TO GIVE LEGAL ADVICE*****

IN WITNESS HEREOF, I have hereunto set my hand and affix the seal of the Civil District Court for the Parish of Orleans, State of LA January 26, 2017

Clerk's Office, Room 402, Civil Courts
421 Loyola Avenue
New Orleans, LA

DALE N. ATKINS, Clerk of
The Civil District Court
for the Parish of Orleans

State of LA
by *Brandy Mayer*
Brandy Mayer, Deputy Clerk

SHERIFF'S RETURN
(for use of process servers only)

PERSONAL SERVICE

On this _____ day of _____ served a copy of _____

Supplemental and/or Amending Petition (THIRD) w/ORIG. PETITION ATTACHED

ON DEREK MOREL, STATE FARM ETAL

THROUGH:

Returned the same day

No. _____

Deputy Sheriff of _____

Mileage: \$ _____

PAPER

RETURN

SERIAL NO.

DEPUTY

PARISH

DOMICILIARY SERVICE

On this _____ day of _____ served a copy of _____

Supplemental and/or Amending Petition (THIRD) w/ORIG. PETITION ATTACHED

ON DEREK MOREL, STATE FARM ETAL

THROUGH:

by leaving same at the dwelling house, or usual place of abode, in the hands of _____ a person of suitable age and discretion residing therein as a member of the domiciliary establishment, whose name and other facts connected with this service I learned by interrogating HIM/HER the said DEREK MOREL, STATE FARM ETAL being absent from the domicile at time of said service.

Returned the same day

Nil

Deputy Sheriff of _____



TEXAS ORDINARY CERTIFICATE OF ACKNOWLEDGMENT
CIVIL PRACTICE & REMEDIES CODE § 121.007

The State of Texas

County of Denton

Before me,

David Rankin II, Notary
 Name and Character of Notarizing Officer,
 e.g., "John Smith, Notary Public"

on this day personally appeared

Murton Green
 Name of Signer

☐ known to me

☐ proved to me on the oath of

 Name of Credible Witness

☒ proved to me through _____

Driver License
 Description of Identity Card or Document

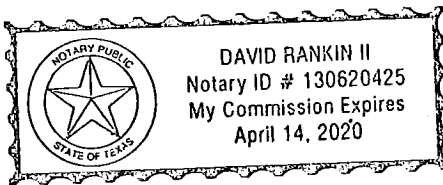
to be the person whose name is subscribed to
 the foregoing instrument and acknowledged
 to me that he/she executed the same for the
 purposes and consideration therein expressed.

Given under my hand and seal of office this

5 day of August, 2017.
 Day Month Year

[Signature]
 Signature of Notarizing Officer

Place Notary Seal and/or Stamp Above



OPTIONAL

*Though this section is optional, completing this information can deter alteration of the document
 or fraudulent reattachment of this form to an unintended document.*

Description of Attached Document

Title or Type of Document: all court document to be submitted

Document Date: 4th August 2017 Number of Pages: 4

Signer(s) Other Than Named Above: _____

CADDO PARISH COURT FOR THE
CITY OF SHREVEPORT STATE OF LOUISIANA

NO: 2017 R00940

GREEN, MARLON

versus

MAACO, ETAL

Motion; Proceed to Trial

The Petitioner Marlon Green wishes this case be held and awarded in The State of Texas. Mr. Green has suffered abuse and has been taken advantage of by dishonest people such as CTG Industries, who are suspected of abandonment and abusive practices. We are seeking lost wages, change of fault, decreased premiums. They have been reported to the Texas Department of Insurance.

Petition for Summary Judgement

The longer it takes to bring these other parties to court, the chances increase of their abusive, and fraudulent practices. Please note that the petitioner is constantly absorbing the expenses of this terrible ordeal. Rusty Cooper is an abusive administrator and we wish to collect liabilities and sever ties. If we decide to go to trial, it will be with jury.

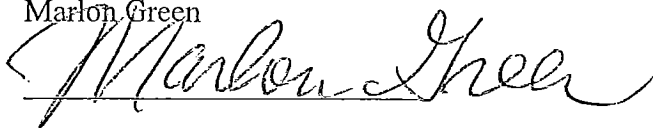
Maaco Incident Affidavit Statement

Please make the following additions to liability lawsuit because they have conspired to bankrupt Mr. Green by fraudulently ordering a new door when they really did not have to. On August 4th 2017. Maaco Collision Penny was notified for the last time. We have witnesses from Uber that can verify our policy about safety issues. The drivers air bag fault lamp has yet to go off, which means Mr., Green does not have an airbag. In addition to this damage they raced the car while it was being repaired but left the shop with more damage than when it went in. The proper police report for vandalism was made, Maaco owes deductible which is \$1000.

Motion for Deposition

Mr. is broke and cannot afford and has an estimate and three professional opinions that were drafted after the Maaco incident. Added into all the total liabilities, no medical payments could be made because of this. Degradation in health, finances, including administration costs should be considered. The VIN# 3VWD17AJ8GM229545, at least \$3,500, in damages. Depositions may be taken to save on court and administration costs.

Marlon Green



Please Serve: Mark Guzman or Manager

Maaco Collision Repair

2115 Sadau Ct, Denton, TX. 76210

Phone number # (940) 565-9505

Fax # (940) 565-9333

CADDO PARISH COURT FOR THE
CITY OF SHREVEPORT STATE OF LOUISIANA

NO: 2017 R00940

GREEN, MARLON

versus

FARMERS, ETAL

Motion; Proceed to Trail

The Petitioner Marlon Green wishes this case be held and awarded in The State of Texas. Mr. Green has suffered abuse and has been taken advantage of by dishonest people such as CTG Industries, who are suspected of abandonment and abusive practices. We are seeking lost wages, change of fault, decreased premiums. They have been reported to the Texas Department of Insurance.

Petition for Summary Judgement

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Maaco / Farmers Incident Affidavit Statement

Please make the following additions to liability lawsuit because they have conspired to bankrupt Mr.

Green by fraudulently ordering a new door when they really did not have to. On August 4th 2017 they were notified. Maaco Collision Penny was notified for the last time. We have witnesses from Uber that can verify our policy about safety issues. The drivers air bag fault lamp has yet to go off, which mean Mr., Green does not have an airbag. In addition to this damage they raced the car while it was being repaired but left the shop with more damage than when it went in. The proper police report for vandalism was made; Maaco owes deductible which is \$1000. Farmers Insurance is responsible for damages that occurred at Maaco while being repaired. Farmers are responsible for all vandalism that occurred at Maaco. Maaco responsible for deductible, \$98 check they cashed all vandalism.

Motion for Deposition

Mr. is broke and cannot afford and has an estimate and three professional opinions that were drafted after the Maaco incident. Added into all the total liabilities, no medical payments could be made because of this. Degradation in health, finances, including administration costs should be considered. The vending number of the car is 3VWD17AJ8GM229545, at least \$3,500, in damages. Depositions may be taken to save on court and administration costs. I need them pay Mr. Green not insurance company.

Marlon Green

A handwritten signature in cursive script that reads "Marlon Green". The signature is written in dark ink and is positioned below the printed name "Marlon Green".

Serve: Mark Guzman or Manager

Oscar Quintana, David Stern, Darryl Weir,

Farmers Insurance 2601 Network, Blvd. Frisco, Texas 75034

Fax: (972) 668-5953, 1-800-325-1507, Bristol West 1-855-822-3139 Fax

TEXAS ORDINARY CERTIFICATE OF ACKNOWLEDGMENT
CIVIL PRACTICE & REMEDIES CODE § 121.007

The State of Texas

County of Denton

Before me,

David Rankin II, Notary
 Name and Character of Notarizing Officer,
 e.g., "John Smith, Notary Public"

on this day personally appeared

Murlon Green
 Name of Signer

☐ known to me

☐ proved to me on the oath of

 Name of Credible Witness

☒ proved to me through _____

Driver License
 Description of Identity Card or Document

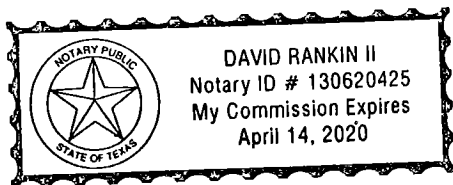
to be the person whose name is subscribed to
 the foregoing instrument and acknowledged
 to me that he/she executed the same for the
 purposes and consideration therein expressed.

Given under my hand and seal of office this

5 day of August, 2017.
 Day Month Year

[Signature]
 Signature of Notarizing Officer

Place Notary Seal and/or Stamp Above



OPTIONAL

*Though this section is optional, completing this information can deter alteration of the document
 or fraudulent reattachment of this form to an unintended document.*

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CITY OF SHREVEPORT STATE OF LOUISIANA**

NO: 2017 R00940

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versus

MAACO, ETAL

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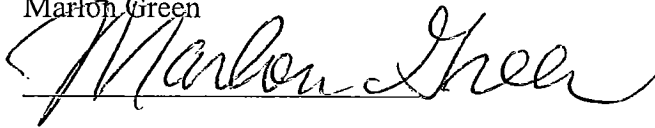
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Marlon Green

A handwritten signature in black ink that reads "Marlon Green". The signature is written in a cursive style with a horizontal line underneath the name.

Please Serve: Mark Guzman or Manager

Maaco Collision Repair

2115 Sadau Ct, Denton, TX. 76210

Phone number # (940) 565-9505

Fax # (940) 565-9333

Wednesday August 23, 2017 9:01 AM
 Shreveport Civil Court

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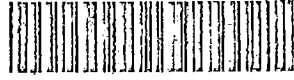
long distance

local additional page



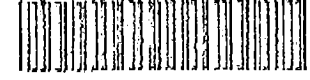
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 ods00483cpc@officedepot.com

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TIME : 07/31/2017 23:31
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TRANSMISSION VERIFICATION REPORT

FAX COVER SHEET SHREVEPORT CIVIL COURT 10 PAGES

FAX: (318) 673-5218

Docket: 2017-R00940

From: Marlon Green (214) 726-2189



METAIRIE, LA 70006
PHONE: 504-883-8111
FAX: 504-883-3555

TO: WILLIAM BATHERSON, D.C.
3017 VETERANS BLVD
METAIRIE, LA 70002

NAME: MARLON GREEN

MRN# DS4735

DOB: 07/15/1971

GENDER: Male

DATE OF SERVICE: 10/03/2016

REFERRING PHYS: WILLIAM BATHERSON, D.C.

FAX: (504) 828-3008

EXAM: MRI LUMBAR SPINE WITHOUT CONTRAST
REASON FOR EXAM: LOW BACK PAIN (M54.5)

CLINICAL HISTORY:

Low back pain. Motor vehicle collision 3 months ago.

TECHNIQUE:

? Using a 0.35-TESLA OPEN-CONFIGURATION SIEMENS MAGNET, sagittal and axial T1 and T2 were performed of the lumbar spine.

COMPARISON STUDY:

No relevant prior examinations are available for review.

FINDINGS:

L5 lumbar type vertebra are present and are in good alignment. Vertebral body heights are preserved. Bone marrow signal is unremarkable. Facet joints are well articulated. Spinous processes are intact.

L4-5: Disc desiccation. A left paracentral disc protrusion is present along with a small annular tear. This causes mild spinal stenosis and moderate bilateral neural foraminal stenosis. Disc material abuts the left L5 nerve root in the lateral recess.

L5-S1: Posterior disc protrusion and posterior annular tear. This causes no spinal stenosis and moderate left-sided neural foraminal stenosis.

Paraspinal muscles are symmetric. No aneurysmal dilation of the abdominal aorta.

IMPRESSION:

Disc desiccation and a left paracentral disc protrusion at L4-5. This causes mild spinal stenosis and moderate bilateral neural foraminal stenosis. Disc material abuts the left L5 nerve root in the lateral recess.

Posterior disc protrusion and focal posterior annular tear at L5-S1. This causes moderate left-sided neural foraminal stenosis.

INTERPRETING RADIOLOGIST: Joshua Yellin, MD

THIS DOCUMENT HAS BEEN ELECTRONICALLY SIGNED 10/03/2016 at 12:00 PM (CST)

ACCESSION #: DS408900

Complete Chiropractic
 4851 Legacy Dr.
 Suite 307
 Frisco, TX 75034
 Phone: 972.377.3909

Patient Name: Green, Marion
Date of Birth: 7/15/1971
Date of Service: 9/26/2016

Marion Green
 DOB 7-15-1971
 SS # XXX-XX-8359
 VA ID 1119280341

VA Authorization # 002644557

Marion Green is a 45 year old male who was in the military as a paratrooper and has had many injuries and compressions. He has had pain on and off for year in his neck, upper back, and lower back. He also gets tension and migraine headaches. He is currently on Cyclobenzaprine and motrine. ROS is unremarkable for this patient. The patient is alert and well oriented.

Subjective

This patient presents with the following problems:
Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The patient describes their pain with the following qualifiers: sharp, dull, aching and stiffness. The patient describes their symptoms as radiating bilaterally down the shoulder. Upon questioning, they related that the symptoms were aggravated by activities involving sitting, typing, looking down, movement and house chores.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The patient describes their pain with the following qualifiers: dull, sharp, aching and stiffness. Upon questioning, they related that the symptoms were aggravated by activities involving sitting, looking down and movement.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The patient describes their pain with the following qualifiers: aching and stiffness. The patient describes their symptoms as radiating down the left upper leg. Upon questioning, they related that the symptoms were aggravated by activities involving standing and bending.

Objective

Posture Analysis

Posture Element	Analysis
Anterior Head	
Rounded Shoulder	Bilateral

Range of motion/joint fixation:

Passive/Active	Joint	Plane of Motion	Degrees	Level of Decrease	With Pain
Active	Cervical	Flex		Mild	Yes
Active	Cervical	Ext		Mild	Yes
Active	Cervical	LLF		Mild	No
Active	Cervical	RLF		Mild	No
Active	Cervical	LR		Mild-Moderate	Yes
Active	Cervical	RR		Normal	No
Active	Lumbar	Flex		Normal	Yes

Tight and tender scalenes and scm's Tight and tender levator scapulae muscles. Hypertonicity in trapezius, rhomboids, and posterior cervicals. Lumbar paraspinous hypertonicity with tenderness. Tight and tender gluteus Hypertonic piriformis muscles with tenderness. Hamstring tightness with tenderness. (bilaterally)
 very tender w jump sign along C5-C7 disc area

Assessment

Diagnoses

Number	ICD Code	Description
1	M99.01	Segmental and somatic dysfunction of cervical region
2	M46.42	Discitis, unspecified, cervical region
3	M99.02	Segmental and somatic dysfunction of thoracic region
4	M78.1	Myalgia
5	M99.04	Segmental and somatic dysfunction of sacral region

General Assessment:
 first visit

Prognosis:

Overall Prognosis: Guarded

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well

Activities of daily living: His pain is mod. at the moment/ goal is no pain in two months
 He cannot read as much as he would like due to severe pain/ goal is to increase reading time by 30 mins per two weeks
 He has moderate headaches which come frequently/ goal is no headaches in 2 months
 driving causes moderate pain/ goal is to drive as much as he would like in 2 months

Plan

Treatments

CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	DxLink
99202	25				1		E/M Expanded	1, 2, 3, 4, 5
98941					1		CMT 3-4 Regions	1, 2, 3, 4, 5
G0283	GP				1		EMS	1, 2, 3, 4, 5
97110	GP				1		Therap. Exercise 15	1, 2, 3, 4, 5

Patient Care Plan

Informed Consent Obtained:	Yes
Problem:	M54.2 - Cervicalgia, M54.6 - Pain in thoracic spine, M54.5 - Low back pain
Plan Start Date:	9/28/2016
Frequency:	3 times a week, 2 times a week 3x2, 2x2
Duration:	1 month
Estimated Plan End Date:	10/24/2016
Expectation for Recovery:	Maximum Medical Improvement
Services:	CMT, Myofascial Release, Electrical Stimulation, PIR stretching to SCM, Scalenes, and occiput to increase ROM, PIR stretching of Hamstrings, gluteals, and piriformis to increase ROM, PIR stretching of psoas, groin, adductors, and QL to increase ROM, total stretching time 8-10 mins
Home Care Recommendations:	Home exercises, Stretches, Ice 20 mins. every 2 hours, Heat, foam roller exercises, CORE Strengthening

Tight and tender scalenes and scm's Tight and tender levator scapulae muscles. Hypertonicity in trapezius, rhomboids, and posterior cervicals. Lumbar paraspinal hypertonicity with tenderness. Tight and tender gluteus Hypertonic piriformis muscles with tenderness. Hamstring tightness with tenderness. (bilaterally)
 very tender w/ jump sign along C5-C7 disc area

Assessment

Diagnoses

Number	ICD Code	Description
1	M99.01	Segmental and somatic dysfunction of cervical region
2	M48.42	Discitis, unspecified, cervical region
3	M99.02	Segmental and somatic dysfunction of thoracic region
4	M79.1	Myalgia
5	M99.04	Segmental and somatic dysfunction of sacral region

General Assessment:
 first visit

Prognosis:
 Overall Prognosis: Guarded
 Patient Statements: Felt immediate relief while still in office
 Provider Statements: Tolerated treatment well

Activities of daily living: His pain is mod. at the moment/ goal is no pain in two months
 He cannot read as much as he would like due to severe pain/ goal is to increase reading time by 30 mins per two weeks
 He has moderate headaches which come frequently/ goal is no headaches in 2 months
 driving causes moderate pain/ goal is to drive as much as he would like in 2 months

Plan

Treatments

CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	DxLink
99202	25				1		E/M Expanded	1, 2, 3, 4, 5
98941					1		CMT 3-4 Regions	1, 2, 3, 4, 5
G0283	GP				1		EMS	1, 2, 3, 4, 5
97110	GP				1		Therap. Exercise 15	1, 2, 3, 4, 5

Patient Care Plan

Informed Consent Obtained:	Yes
Problem:	M54.2 - Cervicalgia, M54.8 - Pain in thoracic spine, M54.5 - Low back pain
Plan Start Date:	9/26/2016
Frequency:	3 times a week, 2 times a week 3x2, 2x2
Duration:	1 month
Estimated Plan End Date:	10/24/2016
Expectation for Recovery:	Maximum Medical Improvement
Services:	CMT, Myofascial Release, Electrical Stimulation, PIR stretching of SCM, Scalenes, and occiput to increase ROM, PIR stretching of Hamstrings, gluteals, and piriformis to increase ROM, PIR stretching of psoas, groin, adductors, and QL to increase ROM, total stretching time 8-10 mins
Home Care Recommendations:	Home exercises, Stretches, Ice 20 mins. every 2 hours, Heat, foam roller exercises, CORE Strengthening

Complete Chiropractic
 4851 Legacy Dr.
 Suite 307
 Frisco, TX 75034
 Phone: 972.377.3909

Patient Name: Green, Marlon
Date of Birth: 7/15/1971
Date of Service: 9/29/2016

Marlon Green
 DOB 7-15-1971

Marlon Green stated that he is having less popping and cracking.

Subjective

This patient presents with the following problems:

Cervicalgia

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The patient describes their pain with the following qualifiers: sharp, dull, aching and stiffness. The patient describes their symptoms as radiating bilaterally down the shoulder. Upon questioning, they related that the symptoms were aggravated by activities involving sitting, typing, looking down, movement and house chores. The patient stated that some relief is obtained when stretching/exercise is used and adjustments are provided.

Pain in thoracic spine

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 5 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The patient describes their pain with the following qualifiers: dull, sharp, aching and stiffness. Upon questioning, they related that the symptoms were aggravated by activities involving sitting, looking down and movement. The patient stated that some relief is obtained when stretching/exercise is used and adjustments are provided.

Low back pain

History of present illness/condition:

The patient rated the intensity of their pain/symptoms as a 2 on a scale of zero to 10 with zero being complete absence of symptoms and 10 being very severe or unbearable. The patient describes their pain with the following qualifiers: aching and stiffness. The patient describes their symptoms as radiating down the left upper leg. Upon questioning, they related that the symptoms were aggravated by activities involving standing and bending. The patient stated that some relief is obtained when stretching/exercise is used and adjustments are provided.

Objective

Posture Analysis

Posture Element	Analysis
Anterior Head	
Rounded Shoulder	Bilateral

Spinal Alignments

Location	Alignment
C2	Rotated Left
C4	Rotated Right
C7	Rotated Right
T2	Rotated Right
T4	Rotated Right
T6	Rotated Right
R Ili	Posterior

Palpation/Spasm/Tissue Changes

Region/Area	Anatomy	Finding	Severity	Progress
Bilateral Cervical, Cervico-Thoracic		myofascial pain and tenderness	moderate	Improving
Bilateral Lumbar, Lumbosacral		myofascial pain and tenderness	moderate	Improving

Tight and tender scalenes and scm's Tight and tender levator scapulae muscles. Hypertonicity in trapezius, rhomboids, and posterior cervicals. Lumbar paraspinal hypertonicity with tenderness. Tight and tender gluteus Hypertonic piriformis muscles with tenderness. Hamstring tightness with tenderness. (bilaterally) All have decreased overall

Assessment**Diagnoses**

Number	ICD Code	Description
1	M99.01	Segmental and somatic dysfunction of cervical region
2	M46.42	Discitis, unspecified, cervical region
3	M99.02	Segmental and somatic dysfunction of thoracic region
4	M79.1	Myalgia
5	M99.04	Segmental and somatic dysfunction of sacral region

General Assessment:
Improvement

Prognosis:
Overall Prognosis: Guarded
Patient Statements: Felt immediate relief while still in office
Provider Statements: Tolerated treatment well, Responding favorably

Plan**Treatments**

CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	DxLink
98941					1		CMT 3-4 Regions	1, 2, 3, 4, 5
G0283	GP				1		EMS	1, 2, 3, 4, 5
97110	GP				1		Therap. Exercise 15	1, 2, 3, 4, 5

Reviewed home lumbar, hamstring, glut., and piriformis stretching

Patient Care Plan

Informed Consent Obtained:	Yes
Problem:	M54.2 - Cervicalgia, M54.6 - Pain in thoracic spine, M54.5 - Low back pain
Plan Start Date:	9/26/2016
Frequency:	3 times a week, 2 times a week 3x2, 2x2
Duration:	1 month
Estimated Plan End Date:	10/24/2016
Expectation for Recovery:	Maximum Medical Improvement
Services:	CMT, Myofascial Release, Electrical Stimulation, PIR stretching fo SCM, Scalenes, and occiput to increase ROM, PIR stretching of Hamstrings, gluteals, and piriformis to increase ROM, PIR stretching of psoas, groin, adductors, and QL to increase ROM, total stretching time 8-10 mins

Palpation/Spasm/Tissue Changes

Region/Area	Anatomy	Finding	Severity	Progress
Bilateral Cervical, Cervico-Thoracic		myofascial pain and tenderness	moderate	Improving
Bilateral Lumbar, Lumbosacral		myofascial pain and tenderness	moderate	Improving

Tight and tender scalenes and scm's Tight and tender levator scapulae muscles. Hypertonicity in trapezius, rhomboids, and posterior cervicals. Lumbar paraspinal hypertonicity with tenderness. Tight and tender gluteus Hypertonic piriformis muscles with tenderness. Hamstring tightness with tenderness. (bilaterally) All have decreased overall

Assessment**Diagnoses**

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5	M99.04	Segmental and somatic dysfunction of sacral region

General Assessment:
Improvement

Prognosis:

Overall Prognosis: Guarded

Patient Statements: Felt immediate relief while still in office

Provider Statements: Tolerated treatment well, Responding favorably

Plan**Treatments**

CPT	Mod1	Mod2	Mod3	Mod4	Units	Duration	Description	DxLink
98941					1		CMT 3-4 Regions	1, 2, 3, 4, 5
G0283	GP				1		EMS	1, 2, 3, 4, 5
97110	GP				1		Therap. Exercise 15	1, 2, 3, 4, 5

Reviewed home lumbar, hamstring, glut., and piriformis stretching

Patient Care Plan

Informed Consent Obtained:	Yes
Problem:	M54.2 - Cervicalgia, M54.6 - Pain in thoracic spine, M54.5 - Low back pain
Plan Start Date:	9/26/2016
Frequency:	3 times a week, 2 times a week 3x2, 2x2
Duration:	1 month
Estimated Plan End Date:	10/24/2016
Expectation for Recovery:	Maximum Medical Improvement
Services:	CMT, Myofascial Release, Electrical Stimulation, PIR stretching fo SCM, Scalenes, and occiput to increase ROM, PIR stretching of Hamstrings, gluteals, and piriformis to increase ROM, PIR stretching of psoas, groin, adductors, and QL to increase ROM, total stretching time 8-10 mins

Home Care Recommendations:	Home exercises, Stretches, Ice 20 mins. every 2 hours, Heat, foam roller excercises, CORE Strengthening
Short Term Goals:	Reduce pain and restore normal joint function and muscle balance.
Long Term Goals:	Restoring functional independence and tolerance to normal activities of daily living
Outcomé Measures:	Neck Disability Index, Oswestry Low Back Pain
Techniques to be Utilized:	Diversified
Goal 1:	Decrease hypertonic muscluature, Increase CORE strength
Goal 2:	Reduce subluxations, Increase flexibility
Goal 3:	Improve ROM, Improve sleep, Increase sitting time without pain, Increase standing time without pain, Improve recreation time without pain

Signed by Dr. Sharyce Wise

Short Term Goals:	Reduce pain and restore normal joint function and muscle balance.
Long Term Goals:	Restoring functional independence and tolerance to normal activities of daily living
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Signed by Dr. Sharyce Wise

GP Exercise 15 Wise																	
10/6/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00		45.00	0.00		0.00		0.00	644.00	0.00	0.00			
10/6/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00		0.00		0.00	655.00	0.00	0.00			
10/7/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00		55.00	0.00		0.00		0.00	710.00	0.00	0.00			
10/7/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00		45.00	0.00		0.00		0.00	755.00	0.00	0.00			
10/7/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00		0.00		0.00	766.00	0.00	0.00			
10/10/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00		55.00	0.00		0.00		0.00	821.00	0.00	0.00			
10/10/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00		45.00	0.00		0.00		0.00	866.00	0.00	0.00			
10/10/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00		0.00		0.00	877.00	0.00	0.00			
10/13/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00		55.00	0.00		0.00		0.00	932.00	0.00	0.00			
10/13/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00		45.00	0.00		0.00		0.00	977.00	0.00	0.00			
10/13/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00		0.00		0.00	988.00	0.00	0.00			
10/17/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00		55.00	0.00		0.00		0.00	1043.00	0.00	0.00			
10/17/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00		45.00	0.00		0.00		0.00	1088.00	0.00	0.00			
10/17/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00		0.00		0.00	1099.00	0.00	0.00			
										Insurance Balance:		\$ 1099.00		Patient Balances:		0.00	
														Account Balance:		\$ 1099.00	
Dr.Sharyce Wise Tax ID:75-271-7817																	

Complete Chiropractic
4851 Legacy Dr., Suite 307
Frisco, TX 75034

P:972.377.3909

ACCOUNT NUMBER	BILLING PERIOD
1843769	9/20/2016-10/20/2016
PATIENT NAME	
Marlon Green	

Patient Statement

Marlon Green
2411 S I35E
Denton, TX 76210

AMOUNT DUE:	\$ 0.00
AMOUNT ENCLOSED:	

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT

Date	Units/ Billing Code	Desc. of service	Provider	Clinic Fee	Pri. Allowed Fee	Pri. Portion	Pri. Paid	Pri. Write Off/Adj	Sec. Portion	Sec. Paid	Sec. Write Off/Adj	Tert. Portion	Tert. Paid	Tert. Write Off/Adj	Ins. Rel.	Pat. Portion	Pat. Paid	Pat. Write Off/Adj	Pat. Bal.
9/26/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00		55.00	0.00			0.00				0.00	55.00	0.00			0.00
9/26/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00		45.00	0.00			0.00				0.00	100.00	0.00			0.00
9/26/16	1 - 99202/25	E/M Expanded	Sharyce Wise	100.00		100.00	0.00			0.00				0.00	200.00	0.00			0.00
9/26/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00			0.00				0.00	211.00	0.00			0.00
9/27/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00		55.00	0.00			0.00				0.00	266.00	0.00			0.00
9/27/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00		45.00	0.00			0.00				0.00	311.00	0.00			0.00
9/27/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00			0.00				0.00	322.00	0.00			0.00
9/29/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00		55.00	0.00			0.00				0.00	377.00	0.00			0.00
9/29/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00		45.00	0.00			0.00				0.00	422.00	0.00			0.00
9/29/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00			0.00				0.00	433.00	0.00			0.00
10/5/16	1 - 97110/ GP	Therap. Exercise 15	Sharyce Wise	55.00		55.00	0.00			0.00				0.00	488.00	0.00			0.00
10/5/16	1 - 98941	CMT 3-4 Regions	Sharyce Wise	45.00		45.00	0.00			0.00				0.00	533.00	0.00			0.00
10/5/16	1 - G0283/ GP	EMS	Sharyce Wise	11.00	11.00	11.00	0.00			0.00				0.00	544.00	0.00			0.00
10/6/16	1 - 97110/ GP	Therap.	Sharyce	55.00		55.00	0.00			0.00				0.00	599.00	0.00			0.00

Request for VA Billing Personal Injury Case

Veteran's Name (Last, First, Middle Initial)

Green Marlon J Sr.

Full Social Security Number

435298359

Veteran's Mailing Address & Phone Number

2411 S. I 35E. #925

Detailed Description of Incident Resulting In Injury: Include Date and Location

on July 2nd 2016 J.B. side swipped me while merging in the right lane from the left.

Injuries Sustained / Nature of Disease

Dammages to door maily, it had been replaced already but I have recieved no medical reimbursement at all.

Names of VA Facilities Where Related Treatment Was Received

VA Denton County Texas

If You Have Received Related Treatment at a Non-VA Facility, Please List Providers

Affordable Chiropractic Care, Dallas Lifestyle Management Frisco, TX. Mall Acpressure

Name of Veteran's Attorney

ProSe

Phone

2147262189

Mailing Address

2411 S. I 35 E # 925
Denton, TX. 76210

Fax

9404845274

VETERAN'S INSURANCE POLICY INFORMATION

Identify Applicable Insurers & Type *Examples: No Fault Insurance, Medical Payments from Veteran's Liability Insurance, Under-/Un-insured Motorist Insurance*

Travelors

Phone

508 324-8404

Mailing Address

Fax

PO Box 5076 Hartford, CT 06102-5076

86663947031

Adjuster and Claim#

POLICY LIMITS Description

Martha Mlynec

H1X6423

25,000/50,000

RESPONSIBLE PARTY'S INFORMATION

Identify Tortfeasor and their Insurer

Phone

Covenant Transport, Inc

8005952615

Mailing Address

Fax

12707 High Bluff Dr. St. 220
San Diego, CA 92130

623-209-2610

Adjuster and Claim#

POLICY LIMITS Description

Rusty Cooper

up to 1,000,000

Defense Counsel, If Known

Phone

Michael C. Wright

972-267-8400

Mailing Address

Fax

15770 Dallas Parkway, Suite 1050

972-267-8401

VA is entitled to recover reimbursement of the cost of medical care provided or paid for by VA from a tortfeasor, and any applicable insurer, for care related to personal injury under 42 U.S.C. §2651 et seq., and from a VA beneficiaries' own insurance policy for medical payments, a workers compensation plan, an auto reparation plan, among others, under 38 U.S.C. §1729.



P.O. Box 30279
Salt Lake City, UT 84130-0279

558

April 25, 2017

Marlon J Green
2411 Interstate 35 S Apt 925
Denton TX 76210

Re: Your Account Number xxxxxxxxxxxx1933
Case Number: 10002768049603

Dear Marlon J Green,

Here's an update on your dispute with MAACO COLLISION REPAIR billed on 02/28/2017 for \$500.00.

When you contacted us about this, we credited your account for \$500.00 the amount you are disputing. Since then, the merchant provided information to support the transaction. So for now, we are reapplying the charge to your account, and it will appear on your next one to two billing statements. If the merchant provided documentation showing the charge is valid, we provided a copy of it with this letter. At this time, we consider your case closed.

If you still want to continue with this dispute, please send us a signed and dated letter that includes your case number, the merchant's name, the date of the transaction, and the disputed amount by 05/16/2017. Please also provide the following information in your letter:

Your response to the documentation sent in by the merchant, as well as: A copy of your sales invoice or purchase agreement and the date and proof of cancellation and / or return. The cancellation / return policy of the merchant, if available, and whether you were advised of the policy at the time of the sale. A description of how you tried to resolve the dispute with the merchant. A refund voucher from the merchant.

Please fax the requested information to 1-888-435-4217, and allow 10 business days for us to respond. If you're unable to respond by fax, please send us the requested information in the enclosed pre-addressed envelope, and allow 15 business days for us to respond.

If you have any questions, please give us a call at 1-800-887-8643. We're available from 7 a.m. to 1 a.m. ET, seven days a week.

Sincerely,

Capital One®
Transaction Support Center



AMERICA'S BODYSHOP®

04/19/2017

Re: Case # 170876235501

To whom this may concern,

The credit card amount of \$500.00 collected from Marlon Green on 02/28/17 represents his insurance deductible that was due to Maaco on the time of drop of his 2016 Volkswagon Jetta for repair. The funds were collected in a legal and binding manner and there is no reason to have these funds charged back. I have included all necessary documentation as proof to this transaction.

If you have any questions, I can be contacted at 940-565-9505

Thank you,

A handwritten signature in black ink, appearing to read "Adam M. Reubin". The signature is fluid and cursive, with the first letter of the first name being a large capital 'A'.

Adam M. Reubin
Owner/Operator

2115 Sedau Court • Denton, TX 76210 • 940.585.8505 • fax 940.591.9993

Parts

Ordered	Received	Completed

GREEN, MARLON
16 VOLKSWAGEN JETTA PLATINUM

12244
SPOT

Estimated: 2/21/2017 Date In: 2/28/2017 Promised: 3/9/2017
 Estimator: Nelson Guzman Body Tech: KEITH Paint Tech:
 Estimate #: 11652-2



#MAACOVER www.maaco.com
 45-2503910
 Store # M2078
 2115 Sadau Ct
 Denton, TX 76210
 Phone # (940) 566-9505
 Fax # (940) 581-9993

GREEN, MARLON
 2411 S I-35 E 925
 Denton, TX 76210-
 Phone 1 (214) 728-2189
 Phone 2
 Phone 3
 Email MGREENM.L@NETZERO.COM

16 Volkswagen Jetta 1.8T Sport 4 DR Seda
 Lic:
 VIN: 3VWD17AJ8GM228545 Color: PLATINUM
 Mileage in:
 Paint Code: 904B,LD7X, BU

REPAIR ORDER

Maaco Collision Repair & Auto Painting Centers are Licensed by Maaco Franchising, Inc. and are privately owned and operated

Operation	Description	Type	Part #	Amount	Labor Units	Spot Refinish	(\$)
Remove/Install	Front Bumper Cover R&L				0.50 BL		22.00
Remove/Install	Headlamp Assy, Halogen LT				0.30 BL		13.20
Blend	Fender, Front LT					1.00	44.00
Remove/Install	Skirt, Inner Fender LT				0.40 BL		17.60
Repair, Partial	Panel, Rocker RT				3.00 BL	1.50	132.00
Refinish	Panel, Rocker RT						66.00
Remove/Install	Front Door R&L LT	LKQ	ECONOMY PART TP	656.25	6.70 BL		294.80
Remove/Replace	Door Shell, Front LT					4.80	211.20
Refinish	Door Shell, Front LT					1.10	48.40
Blend	Door Shell, Rear LT				0.10 BL		4.40
Remove/Install	Mldg, Rear Door Belt LT				0.50 BL		22.00
Remove/Install	Pin, Inner Door Trim LT				0.50 BL		22.00
Remove/Install	Handle, RR Door Outer LT			PM 285.60			
	Paint Materials						

Item	Description	Code	Qty	Each	Retail
Paint	Refinish Labor	RL	8.40	44.00	369.60
Supplies-Paint	Paint Materials	PM			285.60
Body Shop	Body Labor	BL	12.00	44.00	528.00
Parts	Taxable Part	TP			656.25
					1,839.45
Subtotal					\$77.70
Sales Tax					\$1917.15
Grand Total					

Payments	2/28/2017	Credit	600.00	
	3/8/2017 23573132	Check	759.76	
	3/17/2017	Credit	657.39	
				0.00

Due at Delivery

Remarks

No other Body Work Wanted Sand/Seal
 Minor Imperfections will Show
 No Guarantee on Rust

Trim Removal provides Maaco's Limited Lifetime Warranty
 Any areas masked off are covered by a Maaco's Prorated warranty
 1 Year Full
 2 Year prorated

Date: 3/17/2017

Time: 10:51 AM

Page 1 of 1

At Maaco, we value your opinion. Please tell us about your experience at www.TellMaaco.com or by calling the Toll Free Number at 1 (866) 663-9586.

Parts

Ordered	Received	Completed

GREEN, MARLON
16 VOLKSWAGEN JETTA PLATINUM

12244
Est# 11852

Estimated: 2/21/2017 Date In: 2/28/2017 Promised:
Estimator: Nelson Body Tech: Paint Tech: Repair Type: Spot
Guzman



#MAACOVER www.maaco.com
45-2503810
Store # M2078
2115 Sadau Ct
Denton, TX 76210
Phone # (940) 565-9505
Fax # (940) 591-9993

GREEN, MARLON
2411 S I-35 E 825
Denton, TX 76210-
Phone 1 (214) 726-2189
Phone 2
Phone 3
Email MGREENM.L@NETZERO.COM

16 Volkswagen Jetta 1.8T Sport 4 DR Seda
Lic:
VIN: 3VWD17PUSGM229545 Color: PLATINUM
Mileage In:
Paint Code: 9046,LD7X, BU

CUSTOMER RIGHTS & NOTICE TO CUSTOMER

Maaco Collision Repair & Auto Painting Centers are Licensed by Maaco Franchising, Inc. and are privately owned and operated

This is a price estimate for repairs you have authorized. The final price could change if there is a price increase in manufacturer's parts prices or if during the repair additional or hidden damage is discovered. Should additional damage be discovered, you will be contacted before we proceed with repairs. All parts will be replaced as specified on the estimate unless a new part is installed at the same cost to you as the part type specified. Parts prices are subject to list price on parts invoice. You are entitled to request the return of replaced parts prior the repairs being performed.

_____ I DO NOT WISH THE OLD PARTS TO BE RETURNED _____ I REQUEST OLD PARTS RETURNED

Estimate is good for 30 days.
\$44.00 body work labor rate per unit.
\$78.00 frame labor rate per unit.
\$85.00 mechanical labor rate per unit.
as estimated storage charges per day after 3 days following completion.

SERVICE AUTHORIZATION

I authorize the above repairs to be done and Maaco's employees and authorized vendors to operate my vehicle for purposes of repair. I understand Maaco will not be responsible for mechanical failure or for loss or damage to cars due to causes beyond their control. I understand Maaco cannot assume responsibility for personal items left in vehicles or defects in painted areas, caused by old body work, fillers, and plastics, or customer's own body work.

I agree that if any obligation for repairs, parts or other materials is not paid when due or if suit is brought against me relating to any repair hereto, I shall pay all reasonable costs of collection including attorney's fees, court costs, interest and all other monies provided by law.

SIGNATURE Marlon Green

DATE _____ APPOINTMENT _____

0-0



558

26 170426 PAGE 00004 OF 00012 DMCASP

COLR9452 6056 0077-204



AMERICA'S BODYSHOP®

04/19/2017

Re: Case # 170876235501

To whom this may concern,

The credit card amount of \$500.00 collected from Marlon Green on 02/28/17 represents his insurance deductible that was due to Maaco on the time of drop of his 2016 Volkswagon Jetta for repair. The funds were collected in a legal and binding manner and there is no reason to have these funds charged back. I have included all necessary documentation as proof to this transaction.

If you have any questions, I can be contacted at 940-565-9505

Thank you,

A handwritten signature in black ink, appearing to read "A. Reubin", is written over a faint, larger version of the same signature.

Adam M. Reubin
Owner/Operator

2115 Sadau Court • Denton, TX 76210 • 940.565.9505 • fax 940.591.9993

Parts

Ordered	Received	Completed

GREEN, MARLON
16 VOLKSWAGEN JETTA PLATINUM

12244
SPOT

Estimated: 2/21/2017 Date In: 2/28/2017 Promised: 3/9/2017
 Estimator: Nelson Guzman Body Tech: KEITH Paint Tech:
 Estimate #: 11652-Z



#MAACOVER www.maaco.com
 45-2503810
 Store # M2078
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GREEN, MARLON
 2411 S I-35 E 925
 Denton, TX 76210-
 Phone 1 (214) 728-2189
 Phone 2
 Phone 3
 Email MGREENM.L@NETZERO.COM

16 Volkswagen Jetta 1.8T Sport 4 DR Seda
 Lic:
 VIN: 3VWD17A18GM229546 Color: PLATINUM
 Mileage In:
 Paint Code : 9046,LD7X, BU

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Repair, Partial	Panel, Rocker RT				3.00 BL		132.00
Refinish	Panel, Rocker RT					1.50	66.00
Remove/Install	Front Door R&L LT						
Remove/Replace	Door Shell, Front LT	LKQ	ECONOMY PART TP	656.25	5.70 BL		294.80
Refinish	Door Shell, Front LT					4.80	211.20
Blend	Door Shell, Rear LT					1.10	48.40
Remove/Install	Midg, Rear Door Belt LT				0.10 BL		4.40
Remove/Install	Pin, Inner Door Trim LT				0.50 BL		22.00
Remove/Install	Handle, RR Door Outer LT				0.50 BL		22.00
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Grand Total					\$1917.15

Payments	2/28/2017	Credit	500.00	
	3/8/2017 23573132	Check	759.76	
	3/17/2017	Credit:	557.39	
Due at Delivery				0.00

Remarks: No other Body Work Wanted Sand/Seal
 Minor Imperfections will Show
 No Guarantee on Rust
 Trim Removal provides Maaco's Limited Lifetime Warranty
 Any areas masked off are covered by a Maaco's Prorated warranty
 1 Year Full
 2 Year prorated

Date: 3/17/2017 Time: 10:51 AM Page 1 of 1

At Maaco, we value your opinion. Please tell us about your experience at www.TellMaaco.com or by calling the Toll Free Number at 1 (866) 663-9586.

Parts

Ordered	Received	Completed

GREEN, MARLON
16 VOLKSWAGEN JETTA PLATINUM

12244
Est# 11652

Estimated: 2/21/2017

Date In: 2/28/2017

Promised:

Estimator: Nelson
Guzman

Body Tech:

Paint Tech:

Repair Type: Spot



#MAACOVER www.maaco.com
45-2503810
Store # M2078
2115 Sadau Ct
Denton, TX 76210
Phone # (940) 565-9505
Fax # (940) 591-9993

GREEN, MARLON
2411 S I-35 E 925
Denton, TX 76210-
Phone 1 (214) 726-2189
Phone 2
Phone 3
Email MGREENML@NETZERO.COM

16 Volkswagen Jetta 1.8T Sport 4 DR Seda
Lic:
VIN: 3VWD17AJ8GM228545 Color: PLATINUM
Mileage In:
Paint Code: 9046,LD7X, BU

CUSTOMER RIGHTS & NOTICE TO CUSTOMER

Maaco Collision Repair & Auto Painting Centers are Licensed by Maaco Franchising, Inc, and are privately owned and operated

This is a price estimate for repairs you have authorized. The final price could change if there is a price increase in manufacturer's parts prices or if during the repair additional or hidden damage is discovered. Should additional damage be discovered, you will be contacted before we proceed with repairs. All parts will be replaced as specified on the estimate unless a new part is installed at the same cost to you as the part type specified. Parts prices are subject to list price on parts invoice. You are entitled to request the return of replaced parts prior the repairs being performed.

_____ I DO NOT WISH THE OLD PARTS TO BE RETURNED _____ I REQUEST OLD PARTS RETURNED

Estimate is good for 30 days.

\$44.00 body work labor rate per unit.

\$78.00 frame labor rate per unit.

\$85.00 mechanical labor rate per unit.

as estimated storage charges per day after 3 days following completion.

SERVICE AUTHORIZATION

I authorize the above repairs to be done and Maaco's employees and authorized vendors to operate my vehicle for purposes of repair. I understand Maaco will not be responsible for mechanical failure or for loss or damage to cars due to causes beyond their control. I understand Maaco cannot assume responsibility for personal items left in vehicles or defects in painted areas, caused by old body work, fillers, and plastics, or customer's own body work.

I agree that if any obligation for repairs, parts or other materials is not paid when due or if suit is brought against me relating to any repair hereto, I shall pay all reasonable costs of collection including attorney's fees, court costs, interest and all other monies provided by law.

SIGNATURE

Marlon Green

DATE

APPOINTMENT

RENTAL CAR YES

NO

RENTAL COMPANY

REF#

Date: 2/28/2017

Time: 3:38 PM

Page 1 of 1



AMERICA'S BODYSHOP®

Vehicle Information:

Year: 2016
Make & Model: VW Jetta

VIN: _____

Work Order # _____

Insurance Information:

Company: Traveler
Claim # H1X6423001

Insurance Company Direction to Pay

As the owner of the above described vehicle, I do hereby authorize my insurance company to make checks payable to APAL LLC or Maaco Collision Repair & Auto Painting for the repairs to my vehicle. I also realize, as the owner of this vehicle that I am responsible for the repair invoice(s) should the above insurance company fail to pay for these repairs.

Customer Signature: Marlon Green Date: _____

Print name: Marlon J. Green

Power of Attorney

I do hereby appoint Maaco Collision Repair & Auto Painting as my attorney-in-fact to accept on my behalf, and all checks, drafts or Electronic Fund Transfer, for deposit to the business bank account of Maaco Collision Repair & Auto painting for payment of repairs to the vehicle listed above.

Customer Signature: Marlon Green Date: _____

Witness: _____ Date: _____

2115 Sadau Court • Denton, TX 76210 • 940.565.9505 • fax 940.591.9993

MAACOT COLLISION REPAIR

2115 SADALCT

DENTON, TX 76210

02/28/2017

15:39:50

MID: XXXXXX972

TID: XXXX474

CREDIT CARD

MC SALE

Card #: XXXXXX1933

Chip Card: CAPITAL ONE

AID: A000000041010

ATC: 0002

TC: 64223826A97818AF

SEQ #: 7

Batch: 2

INVO: 7

Approval Code: 66168

Entry Method: Chip Read

Mode: Issuer

SALE AMOUNT \$500.00

I agree to pay above total amount
according to card issuer agreement.
(Merchant agreement if Credit Voucher)

X *Marlon Hernandez*

MERCHANT COPY

TRAVELERS

Dallas-Claim Department-PI
For Supplement Inspect Call 888-299-7456
Prompt 2
PO Box 650293
Dallas, TX 75265
Phone: (800) 238-6208

Claim #: H1X6423001
Workfile ID: 4b5fab49

Supplement of Record 1 with Summary

Written By: JOHN TALIAFERRO, 3/2/2017 2:22:24 PM
Adjuster: WADE, REBECCA, (214) 570-6026 Business

Insured:	MARLON GREEN	Owner Policy #:	PT5010V9955651172031	Claim #:	H1X6423001
Type of Loss:	Collision	Date of Loss:	07/02/2016 12:00 AM	Days to Repair:	5
Point of Impact:	09 Left T-Bone (Left Side)	Deductible:	500.00		

Owner (Insured): MARLON GREEN 2411 S I-35 E #925 DENTON, TX 76210 (214) 726-2189 Evening (504) 327-8215 Cellular	Inspection Location: GREEN, MARLON 2411 S I-35 E #925 DENTON, TX 76210 Home (214) 726-2189 Evening	Appraiser Information: jtaliafe@travelers.com (940) 735-2231	Repair Facility: Maaco Collision Repair 2115 Sadau Ct Denton, TX 76201 (940) 565-9505 Business 141871110 Federal ID
--	--	---	---

VEHICLE

2016 VW Jetta Sedan Sport Automatic PZEV 4D SED 4-1.8L Turbocharged Gasoline Gasoline Direct Injection GREY

VIN:	3VWD17AJ8GM229545	Production Date:	08/2015	Interior Color:	BLK
License:	HPK1472	Odometer:	35753	Exterior Color:	GREY
State:	TX	Condition:			

TRANSMISSION Automatic Transmission	Air Conditioning Intermittent Wipers Tilt Wheel Cruise Control Rear Defogger Keyless Entry Steering Wheel Touch Controls Telescopic Wheel Navigation System Backup Camera w/Parking Sensors	CD Player Auxiliary Audio Connection Satellite Radio SAFETY Drivers Side Air Bag Passenger Air Bag Anti-Lock Brakes (4) 4 Wheel Disc Brakes Front Side Impact Air Bags Head/Curtain Air Bags Communications System Hands Free Device SEATS Bucket Seats Leather Seats	Heated Seats WHEELS Aluminum/Alloy Wheels PAINT Clear Coat Paint Metallic Paint Stone Guard OTHER Fog Lamps Traction Control Stability Control Rear Spoiler Power Trunk/Gate Release
POWER Power Steering Power Brakes Power Windows Power Locks Power Mirrors Heated Mirrors DECOR Dual Mirrors Tinted Glass Console/Storage Overhead Console CONVENIENCE	RADIO AM Radio FM Radio Stereo Search/Seek		

3/2/2017 2:22:59 PM

059751 | 1.6.07.08302

Page 1

Claim #: H1X6423001
 Workfile ID: 4b5fab49

Supplement of Record 1 with Summary

2016 VW Jetta Sedan Sport Automatic PZEV 4D SED 4-1.8L Turbocharged Gasoline Gasoline Direct Injection GREY

Line	Oper	Description	Qty	Extended Price \$	Labor	Paint
1		FRONT BUMPER & GRILLE			0.5	
2	*	R&I R&I bumper cover NOTE: DROP				
3		FRONT LAMPS			0.3	
4		R&I LT R&I headlamp assy				
5		FENDER				1.0
6		Blnd LT Fender to 01/31/2016			0.4	
7		R&I LT Fender liner w/o GLI w/fog lamps				
8		FRONT DOOR			1.9	3.1
9	*	S01 Rpl LKQ LT door assy +25%	1	655.25		1.2
10		S01 Add for Clear Coat				0.5
11		S01 Add for Stone Guard				
12		S01 R&I LT Lower seal			0.3	
13		S01 R&I LT Belt molding w/o chrome strip			0.3	
14		S01 R&I LT R&I mirror			0.5	
15		S01 R&I LT Door glass Volkswagen			0.4	
16		S01 R&I LT Window regulator w/o GLI			0.2	
17	*	S01 R&I LT Window motor w/o GLI			0.2	
18	*	S01 R&I LT Run channel			0.5	
19		S01 R&I LT Handle, outside w/keyless entry			0.3	
20		S01 R&I LT Handle plate			0.4	
21		S01 R&I LT Lock			0.3	
22		S01 R&I LT Upper hinge			0.3	
23		S01 R&I LT Lower hinge			0.2	
24		S01 R&I LT Door check from 10/2014			0.6	
25		S01 R&I LT R&I trim panel				
26		REAR DOOR				1.1
27		Blnd LT Outer panel			0.1	
28		R&I LT Belt w/strip w/o chrome strip			0.5	
29		R&I LT Handle, outside			0.5	
30		R&I LT R&I trim panel				
31		PILLARS, ROCKER & FLOOR			3.0	1.2
32	*	Rpr RT Rocker NOTE: ijd forced over on curb				-0.2
33		S01 Overlap Major Non-Adj. Panel				0.2
34		Add for Clear Coat				0.3
35		Add for Stone Guard				
SUBTOTALS				656.25	12.0	8.4

9.8-

3/2/2017 2:22:59 PM

059751 | 1.6.07.08302

Page 2

Claim #:

H1X6423001
4b5fab49

Supplement of Record 1 with Summary

2016 VW Jetta Sedan Sport Automatic PZEV 4D SED 4-1.8L Turbocharged Gasoline Gasoline Direct Injection GREY

ESTIMATE TOTALS				Cost \$
Category	Basis		Rate	
Parts	12.0 hrs	@	\$ 44.00 /hr	528.00
Body Labor	8.4 hrs	@	\$ 44.00 /hr	369.60
Paint Labor	8.4 hrs	@	\$ 34.00 /hr	285.60
Paint Supplies				1,839.45
Subtotal	\$ 941.85	@	8.2500 %	77.70
Sales Tax				1,917.15
Total Cost of Repairs				500.00
Deductible				500.00
Total Adjustments				1,417.15
Net Cost of Repairs				

FMCSA Motor Carrier

USDOT Number: 273818

Docket Number: MC188102

Legal Name: COVENANT TRANSPORT, INC.

DBA (Doing-Business-As) Name

**Active/Pending Insurance:**

Form: 85	Type: TRUST FUND	Posted Date: 10/01/2013
Policy/Surety Number: NONE	Coverage From:	\$0 To: \$75,000*
Effective Date: 10/01/2013	Cancellation Date:	

Insurance Carrier: PACIFIC FINANCIAL ASSOCIATION, INC.

Attn: CLAIMS DEPARTMENT

Address: 12707 HIGH BLUFF DR. ST. 220
SAN DIEGO, CA 92130 US

Telephone: (800) 595 - 2615 Fax: (623) 209 - 2610

If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

Rejected Insurances:

Form:	Type:	Coverage From:	\$0 To: \$0
Policy/Surety Number:		Rejected:	
Received:			
Rejected Reason:			

FMCSA Motor Carrier

USDOT Number: 273818

Docket Number: MC188102

Legal Name: COVENANT TRANSPORT, INC.

DBA (Doing-Business-As) Name

**Insurance History:**

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: TF010058	Coverage From	\$0	To: \$1,000,000
Effective Date From: 01/27/1994	To: 01/27/1996	Disposition: Cancelled	

Insurance Carrier: NORTHLAND INSURANCE COMPANY

Attn:

Address: 385 WASHINGTON STREET MAIL CODE 103
ST. PAUL, MN 55102-1309 US

Telephone: (651) 310 - 4100 Fax: (651) 310 - 4949

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: TP 3298722	Coverage From	\$0	To: \$1,000,000
Effective Date From: 01/27/1996	To: 07/15/1997	Disposition: Replaced	

Insurance Carrier: THE INSURANCE CO OF THE STATE OF PENNSYLVANIA

Attn: AIG GLOBAL CASUALTY-MILTON WEST

Address: 503 CARR RD, 3RD FLOOR
WILMINGTON, DE 19809 US

Telephone: (888) 609 - 7046 Fax: (302) 830 - 4533

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: AT175100235001	Coverage From	\$0	To: \$1,000,000
Effective Date From: 07/15/1997	To: 03/01/2001	Disposition: Replaced	

Insurance Carrier: LIBERTY MUTUAL INSURANCE CO.

Attn: IMS

Address: PO BOX 8095
WAUSAU, WI 54402-8095 US

Telephone: (888) 281 - 6113 Fax:

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CLP97244A	Coverage From	\$0	To: \$1,000,000
Effective Date From: 03/01/2001	To: 03/25/2003	Disposition: Cancelled	

Insurance Carrier: GREAT WEST CASUALTY CO.

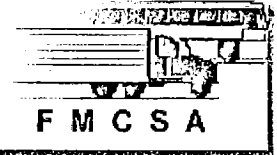
Attn: OPERATOR

Address: 1100 WEST 29TH ST., P.O. BOX 277
SOUTH SIOUX CITY, NE 68776 US

Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

FMCSA Motor Carrier

USDOT Number: 273818
 Docket Number: MC188102
 Legal Name: COVENANT TRANSPORT, INC.
 DBA (Doing-Business-As) Name

**Insurance History:**

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: CLP97244A	Coverage From	\$0	To: \$1,000,000
Effective Date From: 03/01/2001	To: 03/01/2003	Disposition: Replaced	

Insurance Carrier: GREAT WEST CASUALTY CO.
 Attn: OPERATOR
 Address: 1100 WEST 29TH ST., P.O. BOX 277
 SOUTH SIOUX CITY, NE 68776 US
 Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 91X	Type: BIPD/Primary		
Policy/Surety Number: D004A00099	Coverage From	\$0	To: \$5,000,000
Effective Date From: 03/01/2003	To: 08/01/2004	Disposition: Replaced	

Insurance Carrier: UNITED STATES FIDELITY & GUARANTY CO.
 Attn: PLEASE CONTACT YOUR LOCAL AGENT
 Address: ONE TOWER SQUARE, -5GS
 HARTFORD, CT 06183 US
 Telephone: Fax:

Form: 34	Type: CARGO		
Policy/Surety Number: 94A070112	Coverage From	\$0	To: \$5,000 *
Effective Date From: 12/10/1994	To: 09/10/1995	Disposition: Replaced	

Insurance Carrier: THE REINSURANCE CORP OF NEW YORK
 Attn:
 Address: 80 MAIDEN LANE
 NEW YORK, NY 10038 US
 Telephone: Fax:

Form: 34	Type: CARGO		
Policy/Surety Number: 95A070112	Coverage From	\$0	To: \$5,000 *
Effective Date From: 09/10/1995	To: 07/15/1996	Disposition: Replaced	

Insurance Carrier: NAVIGATORS INSURANCE COMPANY
 Attn: THOMAS MCNAMARA, VP - COMMERCIAL AUTO
 Address: ONE PENN PLAZA 32ND FLR
 NEW YORK, NY 10119 US
 Telephone: (212) 613 - 4236 Fax: (847) 285 - 9003

FMCSA Motor Carrier

USDOT Number: 273818

Docket Number: MC188102

Legal Name: COVENANT TRANSPORT, INC.

DBA (Doing-Business-As) Name

**Insurance History:**

Form: 34	Type: CARGO			
Policy/Surety Number: CCIMA64631	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 07/15/1996	To: 07/31/1997	Disposition: Cancelled		

Insurance Carrier: SECURITY INSURANCE CO. OF HARTFORD

Attn:

Address: 9 FARM SPRINGS DRIVE
FARMINGTON, CT 06032 US

Telephone: (860) 674 - 6600 Fax: (860) 674 - 6991

Form: 34	Type: CARGO			
Policy/Surety Number: CCIMA64631	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 07/15/1996	To: 07/15/1997	Disposition: Replaced		

Insurance Carrier: SECURITY INSURANCE CO. OF HARTFORD

Attn:

Address: 9 FARM SPRINGS DRIVE
FARMINGTON, CT 06032 US

Telephone: (860) 674 - 6600 Fax: (860) 674 - 6991

Form: 34	Type: CARGO			
Policy/Surety Number: K0175100235002	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 07/15/1997	To: 01/02/1999	Disposition: Cancelled		

Insurance Carrier: LIBERTY MUTUAL INSURANCE CO.

Attn: IMS

Address: PO BOX 8095
WAUSAU, WI 54402-8095 US

Telephone: (888) 281 - 6113 Fax:

Form: 34	Type: CARGO			
Policy/Surety Number: K0175100235002	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 07/15/1997	To: 07/15/1998	Disposition: Replaced		

Insurance Carrier: LIBERTY MUTUAL INSURANCE CO.

Attn: IMS

Address: PO BOX 8095
WAUSAU, WI 54402-8095 US

Telephone: (888) 281 - 6113 Fax:

FMCSA Motor Carrier

USDOT Number: 273818

Docket Number: MC188102

Legal Name: COVENANT TRANSPORT, INC.

DBA (Doing-Business-As) Name

**Insurance History:**

Form: 34	Type: CARGO			
Policy/Surety Number: K0175100235005	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 07/15/1998	To: 03/01/2001	Disposition: Replaced		

Insurance Carrier: LIBERTY MUTUAL INSURANCE CO.

Attn: IMS

Address: PO BOX 8095

WAUSAU, WI 54402-8095 US

Telephone: (888) 281 - 6113 Fax:

Form: 34	Type: CARGO			
Policy/Surety Number: CLP97244A	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 03/01/2001	To: 03/25/2003	Disposition: Cancelled		

Insurance Carrier: GREAT WEST CASUALTY CO.

Attn: OPERATOR

Address: 1100 WEST 29TH ST., P.O. BOX 277

SOUTH SIOUX CITY, NE 68776 US

Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 34	Type: CARGO			
Policy/Surety Number: CLP97244A	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 03/01/2001	To: 03/01/2003	Disposition: Replaced		

Insurance Carrier: GREAT WEST CASUALTY CO.

Attn: OPERATOR

Address: 1100 WEST 29TH ST., P.O. BOX 277

SOUTH SIOUX CITY, NE 68776 US

Telephone: (800) 228 - 8602 Fax: (402) 494 - 7400

Form: 34	Type: CARGO			
Policy/Surety Number: D004M00004	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 03/01/2003	To: 03/25/2005	Disposition: Cancelled		

Insurance Carrier: DISCOVER PROPERTY & CASUALTY INSURANCE CO.

Attn:

Address: ONE TOWER SQUARE, 5GS

HARTFORD, CT 06183 US

Telephone: (866) 657 - 2827 Fax:

FMCSA Motor Carrier

USDOT Number: 273818

Docket Number: MC188102

Legal Name: COVENANT TRANSPORT, INC.

DBA (Doing-Business-As) Name

**Insurance History:**

Form: 34	Type: CARGO			
Policy/Surety Number: D004M00004	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 03/01/2003	To: 03/01/2005	Disposition: Replaced		

Insurance Carrier: DISCOVER PROPERTY & CASUALTY INSURANCE CO.

Attn:

Address: ONE TOWER SQUARE, 5GS

HARTFORD, CT 06183 US

Telephone: (866) 657 - 2827 Fax:

Form: 34	Type: CARGO			
Policy/Surety Number: IMR6154	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 03/01/2005	To: 04/05/2006	Disposition: Cancelled		

Insurance Carrier: ESSEX INSURANCE COMPANY

Attn: HELEN LAMBERT, VP INLAND MARINE

Address: 4521 HIGHWOODS PARKWAY

GLEN ALLEN, VA 23060-6148 US

Telephone: (804) 273 - 1400 Fax: (804) 273 - 1435

Form: 34	Type: CARGO			
Policy/Surety Number: IMR6154	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 03/01/2005	To: 03/01/2006	Disposition: Replaced		

Insurance Carrier: ESSEX INSURANCE COMPANY

Attn: HELEN LAMBERT, VP INLAND MARINE

Address: 4521 HIGHWOODS PARKWAY

GLEN ALLEN, VA 23060-6148 US

Telephone: (804) 273 - 1400 Fax: (804) 273 - 1435

Form: 34	Type: CARGO			
Policy/Surety Number: IMS04489	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 03/01/2006	To: 03/30/2008	Disposition: Cancelled		

Insurance Carrier: ESSEX INSURANCE COMPANY

Attn: HELEN LAMBERT, VP INLAND MARINE

Address: 4521 HIGHWOODS PARKWAY

GLEN ALLEN, VA 23060-6148 US

Telephone: (804) 273 - 1400 Fax: (804) 273 - 1435

FMCSA Motor Carrier

USDOT Number: 273818

Docket Number: MC188102

Legal Name: COVENANT TRANSPORT, INC.

DBA (Doing-Business-As) Name

**Insurance History:**

Form: 34	Type: CARGO			
Policy/Surety Number: IMS04489	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 03/01/2006	To: 03/01/2008	Disposition: Replaced		

Insurance Carrier: ESSEX INSURANCE COMPANY
 Attn: HELEN LAMBERT, VP INLAND MARINE
 Address: 4521 HIGHWOODS PARKWAY
 GLEN ALLEN, VA 23060-6148 US
 Telephone: (804) 273 - 1400 Fax: (804) 273 - 1435

Form: 34	Type: CARGO			
Policy/Surety Number: IMS09999	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 03/01/2008	To: 03/01/2009	Disposition: Replaced		

Insurance Carrier: ESSEX INSURANCE COMPANY
 Attn: HELEN LAMBERT, VP INLAND MARINE
 Address: 4521 HIGHWOODS PARKWAY
 GLEN ALLEN, VA 23060-6148 US
 Telephone: (804) 273 - 1400 Fax: (804) 273 - 1435

Form: 34	Type: CARGO			
Policy/Surety Number: MZI 93005040	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 03/01/2009	To: 05/22/2010	Disposition: Cancelled		

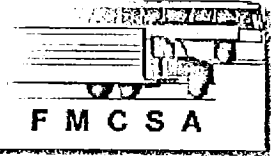
Insurance Carrier: FIREMAN'S FUND INSURANCE CO.
 Attn: STEPHANIE RENERI, FIREMAN'S FUND MCGEE MARINE
 Address: 777 SAN MARIN DRIVE
 NOVATO, CA 94998 US
 Telephone: (415) 899 - 2000 Fax: (415) 899 - 3600

Form: 34	Type: CARGO			
Policy/Surety Number: MZI 93005040	Coverage From	\$0	To:	\$5,000 *
Effective Date From: 03/01/2009	To: 04/01/2010	Disposition: Replaced		

Insurance Carrier: FIREMAN'S FUND INSURANCE CO.
 Attn: STEPHANIE RENERI, FIREMAN'S FUND MCGEE MARINE
 Address: 777 SAN MARIN DRIVE
 NOVATO, CA 94998 US
 Telephone: (415) 899 - 2000 Fax: (415) 899 - 3600

FMCSA Motor Carrier

USDOT Number: 273818
 Docket Number: MC188102
 Legal Name: COVENANT TRANSPORT, INC.
 DBA (Doing-Business-As) Name

**Insurance History:**

Form: 85	Type: TRUST FUND		
Policy/Surety Number: NONE	Coverage From	\$0	To: \$10,000 *
Effective Date From: 09/26/2013	To: 10/01/2013	Disposition: Replaced	

Insurance Carrier: PACIFIC FINANCIAL ASSOCIATION, INC.
 Attn: CLAIMS DEPARTMENT
 Address: 12707 HIGH BLUFF DR. ST. 220
 SAN DIEGO, CA 92130 US
 Telephone: (800) 595 - 2615 Fax: (623) 209 - 2610

If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	10/25/2013
1	MOTOR PROPERTY CONTRACT CARRIER	GRANTED	03/05/1991
	MOTOR PROPERTY COMMON CARRIER	GRANTED	03/05/1991
	HOUSEHOLD GOODS COMMON CARRIER	GRANTED	08/13/2010

Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason

GREEN, MARLON

16 VOLKSWAGEN JETTA

12244



Estimated: 2/21/2017

Date In: 2/28/2017

Promised:

Estimator: Nelson
Guzman

Body Tech:

Paint Tech:

Repair Type: Spot

#MAACOVER www.maaco.com
45-2503910

Store # M2078

2115 Sadau Ct

Denton, TX 76210

Phone # (940) 565-9505

Fax # (940) 591-9993

GREEN, MARLON
2411 S I-35 E 925
Denton, TX 76210-
Phone 1 (214) 726-2189
Phone 2
Phone 3
Email MGREENM.L@NETZERO.COM

16 Volkswagen Jetta 1.8T Sport 4 DR Seda

Lic:

VIN: 3VWD17AJ8 GM229545 Color: PLATINUM

Mileage In:

Paint Code : 9046,LD7X, BU

PAYMENT RECEIPT

Maaco Collision Repair & Auto Painting Centers are Licensed by Maaco Franchising, Inc, and are privately owned and operated

Item	Description	Code	Qty	Each	Retail
Paint	Refinish Labor	RL	6.70	44.00	294.80
Supplies-Paint	Paint Materials	PM			227.80
Body Shop	Body Labor	BL	14.00	44.00	616.00
Subtotal					1,138.60
Sales Tax					\$18.79
Grand Total					\$1157.39

Payments	2/28/2017	Credit	500.00
----------	-----------	--------	--------

Balance Due	657.39
-------------	--------

COMPLETION CERTIFICATE

I HAVE INSPECTED MY VEHICLE AND AM SATISFIED THAT THIS SHOP HAS COMPLETED THE SERVICES ON THE REPAIR ORDER REFERENCED ABOVE. I HAVE ALSO RECEIVED A COPY OF THIS REPAIR ORDER ALONG WITH MAACO'S WRITTEN WARRANTY.

X _____

DEPOSITS/PAYMENT

DATE _____ REC'D BY _____

METHOD OF PAYMENT

CASH ☐
CHECK ☐
CREDIT CARD ☐

TOTAL INCL. TAX	
DEPOSITS/PAYMENT	
BALANCE	

GUARANTEE OF PAYMENT

I AGREE THAT IF ANY OBLIGATION FOR REPAIRS, PARTS OR OTHER MATERIALS IS NOT PAID WHEN DUE OR IF SUIT BROUGHT FOR PAYMENT ON THIS CHECK OR ANY REPAIR HERETO. I SHALL PAY ALL REASONABLE COSTS OF COLLECTION INCLUDING ATTORNEYS FEES, COURT COSTS, INTEREST AND ALL OTHER MONIES PROVIDED BY LAW.

X _____

PAYMENTS

DATE _____ REC'D BY _____

CASH ☐
CHECK ☐
CREDIT CARD ☐

PAYMENT	
BALANCE	

Date: 2/28/2017

Time: 3:40 PM

Page 1 of 1







MAACO COLLISION REPAIR
2115 SADAU CT
DENTON, TX 76210
02/28/2017 15:39:50
CREDIT CARD
MC SALE
Card: XXXXXXXXXXXX1933
Chip Card: CAPITAL ONE
AT: A0000000041010
ATC: 0002
TC: 64223B26A97B18AF
SEQ #: 7
Batch #: 862
INVOICE 7
Approval Code: 08516B
Entry method: Chip read
Mode: Issuer
SALE AMOUNT \$500.00

CUSTOMER COPY

Wednesday August 23, 2017 9:00 AM
Shreveport Civil Court

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TRANSMISSION VERIFICATION REPORT

TRANSACTION REPORT

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TEXAS ORDINARY CERTIFICATE OF ACKNOWLEDGMENT CIVIL PRACTICE & REMEDIES CODE § 121.007

The State of Texas

County of Denton

Before me,

David Rankin II, Notary
Name and Character of Notarizing Officer,
e.g., "John Smith, Notary Public"

on this day personally appeared

Marlon Green
Name of Signer

☐ known to me

☐ proved to me on the oath of

Name of Credible Witness

☒ proved to me through _____

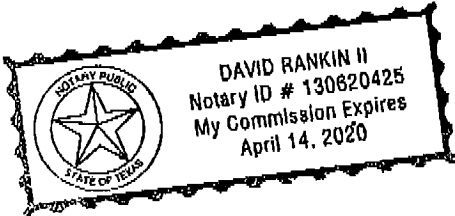
Driver License
Description of Identity Card or Document

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this

5 day of August, 2017.
Day Month Year

[Signature]
Signature of Notarizing Officer



Place Notary Seal and/or Stamp Above

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Title or Type of Document: All Court Documents to be Submitted

Document Date: 4th August 2017 Number of Pages: 10